

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
2							51			
3							52			
4							53			
5							54			
6							55			
7							56			
8							57			
9							58			
10							59			
11							60			
12							61			
13							62			
14							63			
15							64			
16							65			
17							66			
18							67			
19							68			
20							69			
21							70			
22							71			
23							72			
24							73			
25							74			
26							75			
27							76			
28		1					77			
29							78			
30							79			
31							80			
32							81			
33							82			
34							83			
35							84			
36							85			
37							86			
38							87			
39							88			
40							89			
41							90			
42							91			
43							92			
44							93			
45							94			
46							95			
47							96			
48							97			
49							98			
50							99			
TOTAL IND.	3						100			
TOTAL DEP.	23	→	→	→						
TOTAL CLAIMS	26	SEARCHED	SEARCHED	SEARCHED						
TOTAL CLAIMS	26	SEARCHED	SEARCHED	SEARCHED						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS